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VOL. V

NO. 11

# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating  
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

NOVEMBER, 1912

O. C. WELBOURN, A. M., M. D., Editor

PUBLISHED BY THE CALIFORNIA ECLECTIC MEDICAL COLLEGE, AND DEVOTED TO THE  
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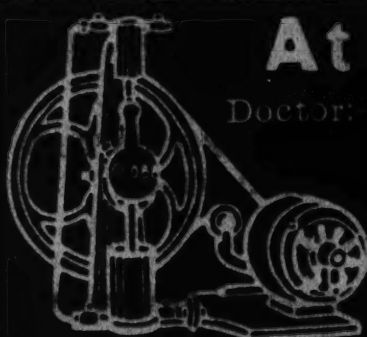
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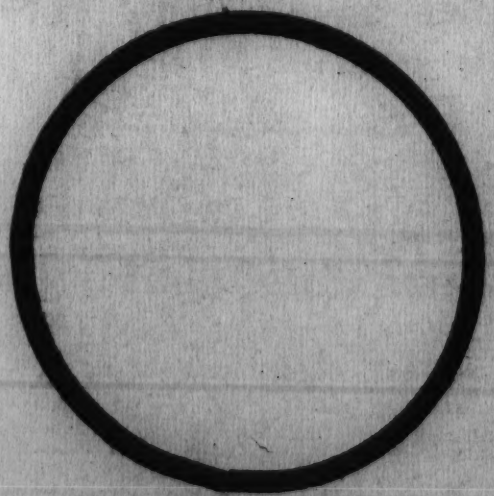


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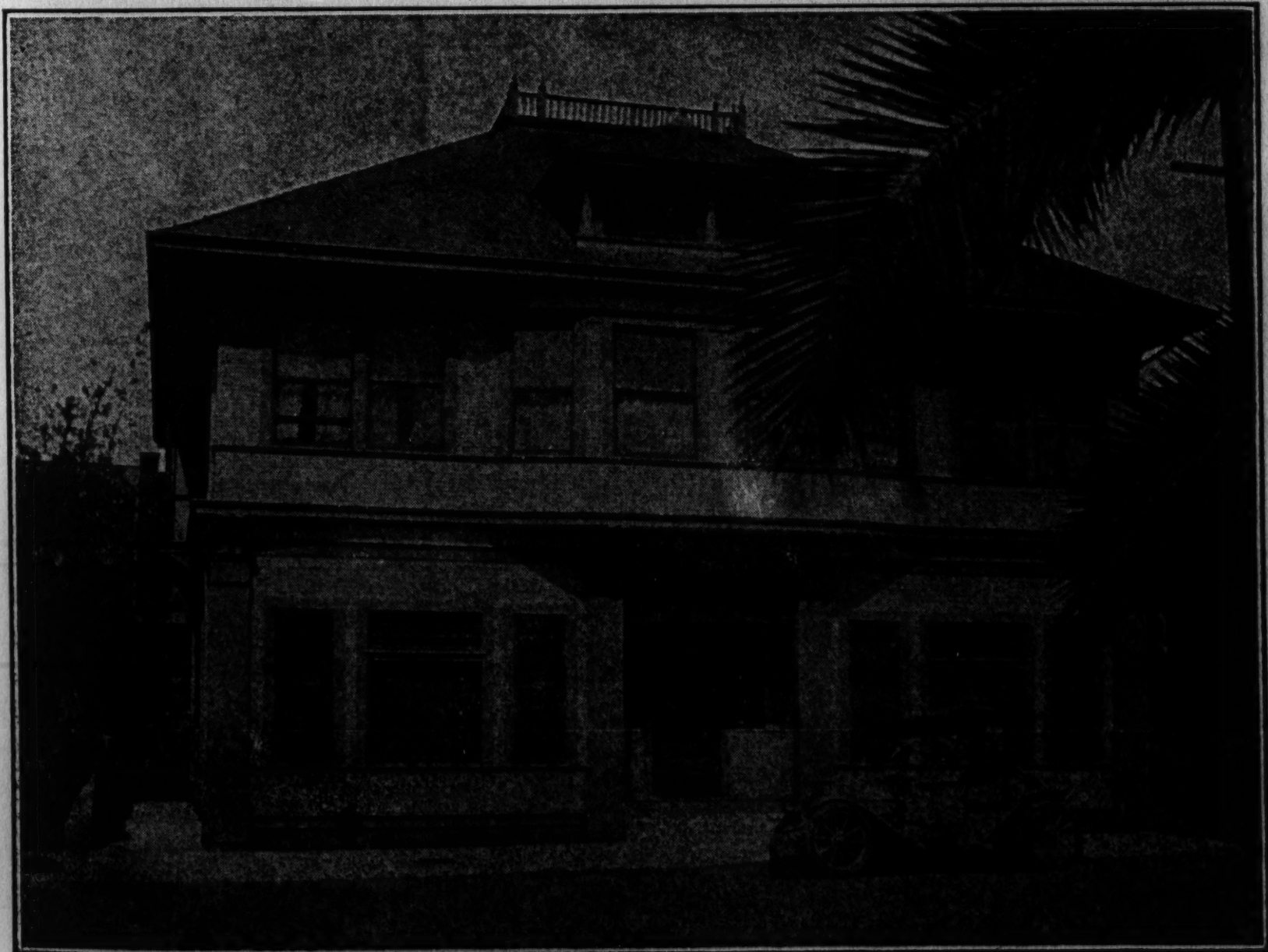
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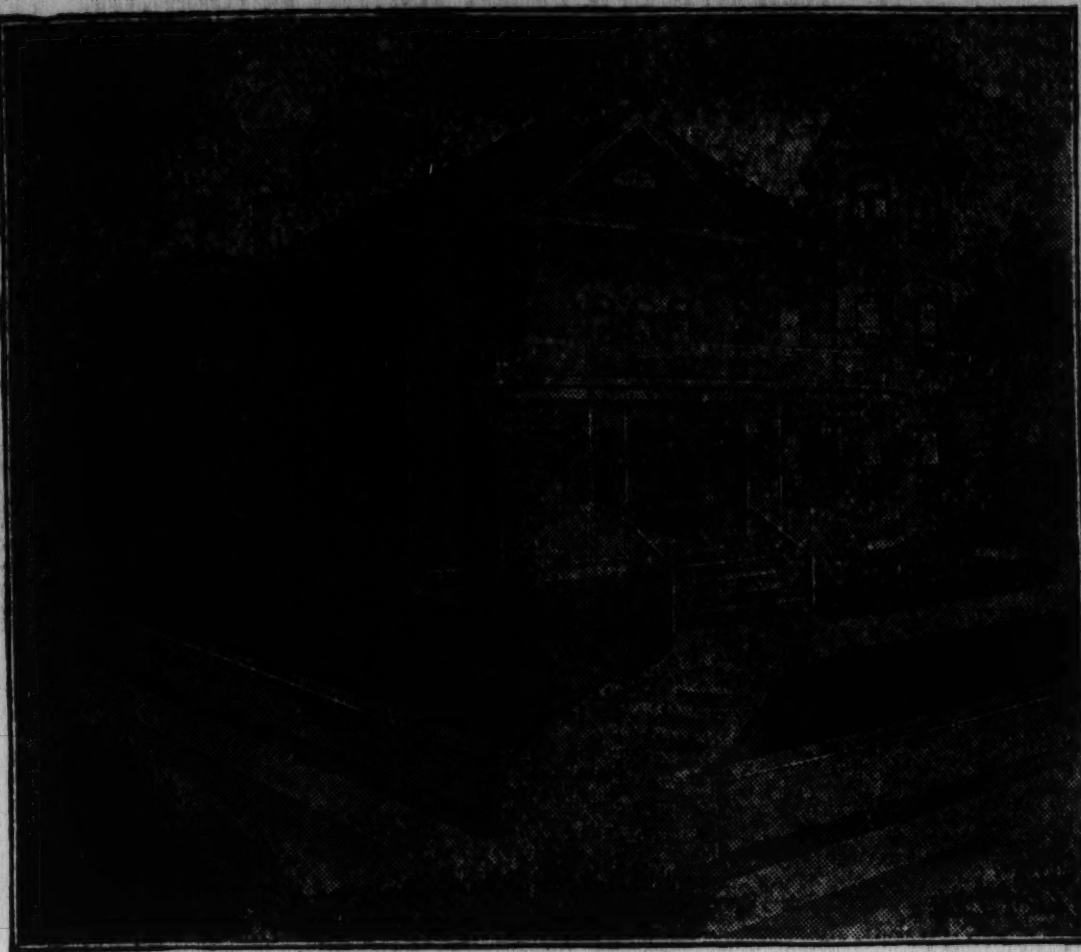
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# The California Eclectic Medical Journal

Vol. V.

NOVEMBER, 1912

No. 11

## Original Contributions

### PERI-RECTAL ABSCESS.

M. E. Eastman, M.D., Santa Barbara, Cal.

(Read before the California State Eclectic Society.)

I am prompted to give this subject narration, not because the disease is a rare one, but owing to the condition being as it were masked for several years. Rectal abscess is probably one of the most frequent with which the physician has to deal, and owing to this being the case the subject deserves more than cursory reading and study. Most of the fistula in ano with which we have to deal are merely the sequel of a pre-existing rectal abscess.

The etiology is generally traceable to traumatism or infection. The case in question presents the following history: Patient is a graduate woman nurse, age 28, medium height, blue eyes, light brown hair, well proportioned physically, and weighs about 135 pounds. One of a large family of children, of which all are living except three, who died from the effects of septic poisoning following wounds. The patient was operated upon in November of 1911, at the St. Luke's Hospital of San Francisco, for appendicitis. Owing to the abdominal disturbances which had existed for several days at a time extending over several years, an exploratory incision was made over the stomach and gall duct. The appendix was removed, but disease was found in neither the stomach nor liver. However, the colon was found to be enveloped in most of its length with a membrane. This was removed; the incisions closed.

Recovery was uninterrupted. Patient was out of bed in three weeks and in four weeks left for her home at Alturas, California. In making a change of trains at Doyle it became necessary to remain over night. Owing to the severe cold weather, and the weakened physical condition of the patient the exposure and exertion proved too strenuous for her and she was barely able to board the train the following morning, owing to a severe pain in the left ovarian region. After arriving home the patient remained up and around for about a



week; the pain continuing with variable degrees of intensity, until she finally was obliged to remain in bed.

When called in to see the case I found a temperature of 102, and a pulse rate of 120. Tongue heavily coated, bowels constipated, urine scanty, abdomen tender, sensitive to the touch and tympanitic. Complaint of severe pain in the left ovarian region, but abdomen so tender that no deep pressure could be made. Prescribed analgesics to be administered every two hours during the night and frequently repeated hot turpentine stupes to the abdomen. Also a thorough flushing of the colon.

The following morning patient was resting comfortably and I was enabled to make a very satisfactory examination. The result was a small, doughy mass, tender to the touch, and about the size of a tangerine, in the left Iliac region. Through questioning I learned that four years previously an operation had been performed, removing the tubes and right ovary, thus leaving a left ovary to be considered in making a diagnosis. Before I had fully determined upon what was causing the disturbance I learned from the surgeon who had performed the two operations that both ovaries had been removed, and that at the time a small tumefaction was found deep in the left Iliac region. This knowledge simplified the diagnosis very much, as it eliminated a possibility of a diseased ovary, impaction, colitis, hernia or sigmoiditis.

When I became sure of the diagnosis of a rectal abscess the patient was prepared for its opening and drainage. When under complete anesthesia the speculum was inserted, the mass located and a trocar inserted. The thick yellow pus flowed freely. The opening was enlarged to permit of inserting drainage, the cavity irrigated with a hot bichloride solution, and finally a piece of a rubber rectal tube was inserted into the abscess cavity and held in place by suturing to the outer margin of the vaginal walls. Low pressure irrigations of bichloride were used daily, and when in a few days the discharge ceased to come away, the drainage tube was removed and the cavity packed every other day with narrow strips of Iodoform gauze.

Recovery was complete. All pain subsided. Bowels became regular. Appetite returned, and at this writing the patient is following her vocation here in San Francisco. In going over the history of this case time after time to locate the cause of infection, I learned that eight years previously a similar attack had occurred and the patient had been sent to a hospital in Reno, where she had remained for one month, with the history of a recovery, without any rupture of pus sac. Every operation that has been performed was for the purpose of overcoming certain nervous phenomena; occasional sick attacks



with loss of appetite, sensitive abdomen, irregular bowels, sleeplessness, and extreme lassitude; and yet the same symptoms were occasionally coming up.

The outcome of this case and its history goes to show how careful the physician must be in securing a complete history of cases where the diseased condition is not sharply defined, and also to be thorough in such examinations so as not to be misled in doing an unnecessary operation. Here is a picture of a foci lying dormant for several years and yet causing systematic disturbances, that were menacing the health of the individual. An actual demonstration of an infection of tissue remote from contamination from outside sources. Purely one of migration through the rectal wall or else through the blood or lymph stream. The results show a cause, and the train of symptoms covering several years demonstrates what effect this hidden and overlooked mass was having upon the system of the patient.

The attendance upon this case was very interesting and instructive to me, and I trust its narration may be the means of assisting some one in a similar troublesome case, in arriving at an early solution of the trouble.

#### NOTES AT RANDOM.

Herbert T. Webster, M.D., Oakland, Cal.

A HINT TOWARD TISSUE TRANSPARENCY.—When a "kid," I was wont to occasionally beguile the tedium of confinement in the house on stormy days, making copies of pictures in books and magazines on transparent blank paper, made thus by being greased. Any old kind of grease served the purpose, from that hooked from the bacon-platter to that emanating from a fresh doughnut rubbed over the surface. This served as a source of amusement to a boy with time heavy on his hands, but the idea never occurred that so simple a process was the precursor of something more important and scientific; for the use of oil to render tissue transparent has now attracted the attention of scientists, and it is proposed to render organic tissue so transparent that its finest internal structure may be visible to the naked eye, by the aid of an oily environment.

Prominent among investigators in this line are Professors Spalteholz and Schultze, of Germany, though French savants are also interested. The volatile oils are chosen, on account of their great chemical indifference and inalterability. Bodies of small, smooth-skinned animals treated by suspending them in oil exhibit anatomical detail more distinctly and in finer texture than radiograms or radioscopy.

Such result is due to laws of refraction, the light which ordinarily reflects from the surface being allowed, by the oily



medium to penetrate to the interior, lighting up the interstitial structure. Such small animals as lobsters, frogs, etc., suspended in oil, in rectangular vessels of polished glass, present clear views of the positions of the bones, brain, heart, etc. Whether living tissues will ever be brought under such influence or not remains a question, but it appears as though it might be a step toward a clearer knowledge of histology and pathology.

A late number of the Literary Digest contains a translation from *La Nature* (Paris), accompanied by illustrations of the transparency which may be attained upon the bodies of frogs, lobsters and thin plates of wood by such treatment, and explaining the process and the philosophy somewhat in detail. For further illumination we quote the two concluding paragraphs:

"The refractive index of a given tissue has, it would appear, a relation to the age of the animal. This index is in fact lower as the creature is younger. Very beautiful and instructive preparations are obtained by injecting into the blood-vessels coloring matters that make it possible to distinguish very clearly the distribution of these vessels. By injecting Wood's metal into the labyrinth or coloring the calcareous cells of the bones, we may observe, in all their details, the presence and development of the bony nuclei. Mr. Spalteholz is at present occupied in elaborating a method of coloring the nerves that will doubtless greatly increase our knowledge of the nervous system.

"The same process is evidently applicable to the tissues of plants; it makes it possible, for instance, to render thin slices of wood transparent, revealing its structure with remarkable clearness, as the accompanying photograph illustrates."

**THE SURVIVAL OF THE FITTEST.**—According to some observers, this doctrine is not confined to animal life, for it is believed that certain plants possess, in some degree, the property of defense against their enemies. E. Stahl, a German naturalist, and one of his students, W. Peyer, have published works on this subject, Stahl under the title "Plants and Snails;" and Peyer, who has devoted his attention to mice and rabbits, and who has followed the trend of Stahl's ideas, "Biologic Investigations of Protective Products." Both works are of importance from the viewpoint of human biology, for it appears as though many of the plants which are self-protective against the lower animals are of importance to man, either as medicinal agents or as means of sustenance.

It is usually known that the majority of our medicinal plants are rejected by animals as food. After personal observation in the Harz and extensive inquiries among the foresters and herders of that region, who are close observers of nature



and possess much practical knowledge of plants, Peyer found that out of fifty-two alkaloidal and glucoside-bearing plants found on the grazing ground only four were eaten without hesitation, and fourteen with other vegetation, under pressure of scarcity of food. Consequently, Peyer thinks that in alkaloids and glucosides plants possess powerful weapons against their enemies.

Experimentation proves that plants which snails, mice and rabbits refuse on account of objectionable contents in the fresh state are readily eaten by them after certain chemical compounds have been extracted with alcohol or acidulated water. Even when confined and subjected to hunger for a period of twenty-four hours the fresh material is refused, though finally, when too far pressed by fasting, those parts containing the least amount of defensive substance are sparingly accepted.

Plants containing acids, especially oxalic acid, are refused, and as these are consumed by the human family as salads and spring vegetables, this appears to have been to our special advantage as a higher type. Plants bearing etheric oils are also refused by animals, and it was found by Peyer that rabbits refused food usually attractive to them after the juice from such plants had been rubbed over it. Snails also refuse to feed on such plants until the oil is extracted with alcohol, when they quickly attack the dried remains.

A very interesting fact acquired by these investigations is, that such leguminous seeds as beans, peas and lentils—important acquisitions to our daily diet—contain a chemical substance of unknown character, which preserves them against mice and rabbits. The hardness of the shell does not account for this, for they are equally repellant to these creatures when boiled. But when these seeds are boiled in several changes of water, thus to eliminate the toxic principle, these animals eat them immediately; and when ground to powder and extracted with alcohol or ether the dried residue is very acceptable. Further, when the extract is poured over zwieback and other favorite food of mice, it is at once rejected by them; and clover thus treated will not be eaten by rabbits.

The roots of many seedlings, like maize, rye, oats, buckwheat, peas, etc., secrete an acid product, and it has been observed that snails refuse to eat them unless they have been washed off with water; and in half an hour or so they are again rejected, probably because the acid upon the surface has been renewed. Such roots, when treated for half an hour with diluted solution of soda, or after fifteen minutes of boiling, are readily acceptable.

These and other peculiarities of plants, rendering them objectionable to animals when edible for human use, remind us



that though we are pestered with pests we are not so extremely unfortunate, after all, and that nature has made many provisions for the survival of the fittest.

**A DOUBLE-THROATED MAN.**—Germany, that land of the transcendental, hypothetical—land of witchcraft and folklore—now presents us with a vaudeville opera singer who is able to sing a duet with himself. While not strictly double-throated, he is so functionally, for he is able to sing a song and at the same time accompany himself in a higher key. He is known to the people who listen to his performances as “the man with the double throat.”

In time, this celebrity attracted the attention of the Berlin Laryngological Society, and he has been made the subject of careful scientific investigation, that the whys and wherefores of the phenomenon may be explained on substantial grounds. Here it was finally agreed that “the phenomenon is absolutely unique.” The Medical Record, in a recent issue, published an account of these investigations, from which I append the following extract:

“The subject was an opera singer who had long appeared in vaudeville as the ‘man with the double throat.’ His normal voice was a baritone of wide range. In singing, he is able at will to accompany himself in a higher key. Thus far diplophonia has been regarded as a phenomenon which is purely pathological and the case in question is the first known exception to this generalization. The singer has been examined by many well-known laryngologists, but as yet no light has been thrown on the double-voice production. The vocal cords redden during the act. In demonstrating his faculty he sings an air first in the normal, then in the double voice. Unfortunately, when the laryngoscope is in position for study the double singing is produced with great difficulty, and the artist would not permit the use of cocaine. The possession of the double voice makes it easy for him to imitate various instruments. As this class of mimetics and also ventriloquists have already been studied profitably with radiography, the thought lay near to use this diagnostic resource in the present subject. The skiagram showed enough to suggest . . . that the double voice was produced by the simultaneous action of the vocal cords and epiglottis. Others have suggested that the extra voice might have been produced with the soft palate or ventricular bands. It is highly improbable that it can be produced by the vocal cords alone. As the vibrations cannot be seen their causation must remain conjectural.”



**CASES TREATED WITH LOBELIA.****W. L. Huckabay, M.D., Holland, Texas.**

(Read before the Texas Eclectic Medical Society.)

**CASE NO. 1.**

On or about November 20, 1911, there was a negro girl, age about twelve years, taken to my office, who was stricken with convulsions on the streets in my home town. I found her in the following condition: Pulse, 120; full and bounding; temperature, 102 degrees. She was suffering with tonic and clonic convulsions, clonic more unilateral, affecting the right side. She had strabismus and opisthotonus; pupils of eyes dilated, and would not respond to light; jaws and teeth clinched, and could not swallow water or medicine; urine passed involuntarily.

I concluded that I had a case of cerebro-spinal meningitis, and having read Prof. Ellingwood's article in the E. M. Journal, September number, 1911, on "The Hypodermic Use of Lobelia," I especially noted what he said concerning Dr. Collyer's (of Elgin, Neb.) experience with it, in the treatment of meningitis. I was determined to give it a fair trial. So we commenced by giving her XV. Gtts. of Sp. M. Lobelia every fifteen minutes for two hours, at the end of which time the clonic spasms were somewhat relieved, and she could swallow, though with some difficulty.

We had her moved to a negro house near my residence, and continued the Lobelia in XV. Gtts. doses every half-hour two hours more; also the following prescription: Sp. M. Veratrum Gtts. XXX. Aqua q. s. oz. IV. Sig. A teaspoonful every hour. After four hours' treatment with this, I found pulse reduced to 90 per minute and softer; temperature, 101; could swallow with ease. Opisthotonos and strabismus were relieved. I continued the Veratrum prescription every hour, and Lobelia XV. Gtts. subcutaneously every two hours through the night from 8 p. m. until 8 a. m., when I found the pulse 80 per minute and soft; temperature, 99, and she was relaxed except just a little soreness and stiffness of the cervical muscles. She sat up in bed and drank soup for breakfast. Results of treatment were far beyond my expectations.

I continued the Lobelia X. Gtts. three times a day, for two days, and the Veratrum for twenty-four hours. She made a nice recovery in five days. She had some soreness in the biceps muscles, but no abscess.

**CASE NO. 2.**

On February 1, 1912, I was called to Mrs. C., age sixty years, and received the following history of the case: Just four weeks previous she was taken very suddenly with a vio-



lent chill and pain in the back of head and spine. It took two persons to keep her from burning herself on the (red hot) stove at the same time she was screaming and begging them to do something to relieve her pain. They finally put her to bed and applied hot irons to her spine. About this time the physician arrived and gave her a hypodermic and she had not complained of anything since, except a dull headache, but had slept nearly all the time; she could be aroused only with difficulty and only for a short period of time. When asked a question as to how she felt, or where it hurt her, she would stare at you, and not answer at all or in monosyllables. Her bowels would act when the doctor would give her a strong purgative, after which she would have a diarrhoea, and her bowels would act involuntarily.

I found her in a semi-comatose condition, pupils of eyes dilated, pulse 110, soft and easily compressed, temperature 97, tongue red and dry, with a brown coat, head drawn backward, neck and spine stiff; I could lift her whole body by her head, and not bend her neck or spine, which was very tender to touch. She had a hiccough, which had troubled her for two weeks, breath had the odor of urine. I introduced catheter and drew off two quarts of urine and continued to draw her urine twice a day for the whole time of her sickness to keep down uremic poison.

We prescribed the following treatment: Sp. M. Belladonna Gtts. XV. Ergot Gtts. LX. Echinacea Gtts. CXX. Aqua q. s. Oz. IV. Sig. A teaspoonful every hour. Rx. Sp. M. Sulphurous Acid XXX Gtts. in water every four hours. With the suggestion of Dr. Gates I gave her small doses of Lobelia repeated every half-hour for the hiccough, which was controlled in twenty-four hours.

I had Dr. Walker called in consultation, and we decided to give her XX. Gtts. of "Subculoyd Lobelia" every twelve hours, in connection with our treatment. The tongue cleaned off, and became almost normal; some other bad symptoms seemingly got better for a short time, but we could never get her temperature up to normal. She would not take sufficient quantity of water or nourishment. She gradually grew weaker and died four weeks after I first saw her.

### CASE NO. 3.

March the 6th I saw Albert P., age 14 years, weight about 65 pounds, and very slender. His mother said that he had been sick nearly all his life; did not walk until he was three years old. His arms and legs seemingly nothing but skin and bone. I don't believe that there could be found two pounds of fat on his whole body; in fact, he was a perfect picture of Marasmus.



At the time I was called he had had a chill and was suffering with headache and pain in right side, made worse by breathing or coughing. Temperature 102, respirations 24, pulse 120, and small tongue pointed, red tip and edges; vomited some, very restless. I prescribed Sp. M. Bryonia Gtts. XV. Sp. M. Asclepias Gtts. CXX. Aqua q. s. IV. Oz. Sig. A teaspoonful every half-hour until pain in side is relieved, then every two hours; Sp.m. Aconite Gtts. VIII. Rhus Tox Gtts. XV. Gelsemium Gtts. XXX. Aqua q. s. IV. Oz. Sig. A teaspoonful every hour. We applied Libradol over painful area in side.

My next visit twenty-four hours later, his side was easy, but pain in head was worse, and extended down involving his neck and spine. His head was drawn backward to full extent, but the muscles of the back were not contracted any that I could discover. Temperature 104, pulse 130, skin very sensitive to touch, some tenderness in bowels, with diarrhoea; when leg was flexed up on abdomen he would scream with pain. I diagnosed it meningitis, and called the city health physician. He said it was evidently meningitis, but could not tell whether or not it was the contagious kind without puncturing his spine and getting some of the spinal fluid and sending it to Austin, Tex., for a microscopical examination, to which the family and I objected. We prescribed the following treatment: Applied a strong mustard plaster three inches wide to spine, from occiput to hips. After it formed considerable irritation, not a clear blister, Libradol was applied over same surface and renewed every twelve hours.

I gave him Subculoyd Lobelia (hypodermically) Gtts. XXX. every six hours for forty-eight hours, then same size dose every twenty-four hours for several days, about ten. That might seem like a large dose, but it has been said that it required larger doses with tobacco users, and as he was a slave to the weed of the strongest brands (he used Brown Mule), I concluded it would take a good-size dose in his case. He was also given a teaspoonful every hour, of the following prescription: Sp. M. Jaborandi Gtts. XXX. Aconite Gtts. X Echinacea Drs. II. Pasiflora Gtts. XXX. Aqua q. s. IV. Oz., which was continued until temperature was reduced to 101 and pulse to 80 and sweating profusely, when we dropped the Jaborandi from the prescription and in its place we used Asclepias Gtts. LX.

After a few days I noticed that the pupils of his eyes were dilated abnormally, and inclined to be drowsy. I then added Belladonna Gtts. X to the above prescription, and left off the Asclepias. He never at any time complained of the least nausea. After fever was reduced to 101 his appetite was reasonably good; while he craved heavier articles of diet, we kept him on light diet throughout his sickness.



**DIPHTHERIA.****W. L. Huckabay, Holland, Texas.**

(Read before the Texas Eclectic Medical Society.)

Mr. President and Fellow Practitioners: In assigning me the subject of diphtheria, I feel our worthy president has made a great mistake, for I have had but little experience in treating this dreaded and malignant disease, and that has been sad. I consider that my patients (as well as myself) have been very fortunate in my not having had but two cases in all of my practice, for I lost them both. They were both small children, and the only cases I ever saw that had that characteristic, ashen-gray membrane. They had other diagnostic symptoms, but the membrane in these cases extended from the tonsils clear down to the larynx, and finally into the bronchial tubes. I treated the first case with S. M. Aconite, Phytolacca, and Echinacea in the usual doses. I tried a spray of Per Oxide of Hydrogen, and Echafota in Glycerine, but the child being so young, this would strangle it, so I tried the spray only a few times. This child was sick only two days. I saw it on the second day of its illness; it died that evening.

I started that night for Dallas, where our association was to convene the next day. While there I heard the treatment of diphtheria discussed; various remedies were offered, but Echinacea and the juice of pineapple were praised more than any others, so I used them in connection with other remedies in my second case, but with no results. However, I have treated cases (with good results) that were diagnosed by other physicians as diphtheria, but I believed them to be only follicular tonsilitis. I used in these cases, Aconite, Veratrum, Phytolacca, Spongie, Echinacea, Baptisia and Calcium Sulphide, according to their specific indications. Locally either Per Oxide of Hydrogen, Echafolta or Veratrum in solution, as a spray or gargle.

Prof. Scudder, in his work on Practice, recommends Phytolacca, Aconite, Rhus Tox. Baptisia, Sulphide of Soda, Chlorate of Pot., and some other remedies, and gives the specific indications for each, but in his closing paragraph on the subject, he says: "When the larynx becomes involved and the symptoms of croup develop, the treatment must be prompt and thorough if we expect to save life. To give temporary relief I direct the inhalations of vinegar and water sufficiently often to give ease, using at the same time hot fomentations assiduously applied to the throat. When the case does not seem to progress rapidly, I place the patient upon the use of Aconite and Sulphide of Soda alone, and depend upon the means named for relief." Now notice what he says: "If, however, it is progressing rap-



idly, I give the patient small doses of Acetuous Tincture of Lobelia and Sanguinaria, so as to keep up continuous slight nausea, and when the patient is brought fully under the influence of the remedies, it is carried to free emesis. The treatment is similar to that adopted in pseudo-membranous croup, and has proven much more successful than any other plan."

Scudder, also recommends a larded cloth, sprinkled with the Comp. Powder of Lobelia and Capsicum, applied to throat and chest, when there is irritation of lungs. I think now that Libradol would be excellent in such cases. As a gargle or spray in very severe cases, the parts are much debilitated and ulcerating. He uses Sulphurous Acid diluted with three parts or more of water, and says the remedy is very valuable and should not be overlooked.

Prof. Herbert T. Webster in his work on practice discusses a great number of remedies, and their indications. He seems to have the most confidence in Echinacea, and Lachesis, and Potassium Chloride, as systemic remedies in this disease. I will quote a part of what he says concerning them: "In using Lachesis I prescribe two or three grains of the 6x trituration, to be repeated every two hours. But there is a form of diphtheria in which the tendency to early putrefaction and necrosis is not so marked, as that of rapid spread of the membrane. We here have the danger of blocking of the larynx with exudate to encounter, especially in young children; and neither Echinacea nor Lachesis seems to possess the property of controlling plastic exudations; Potassium Chlo. 3x, comes nearer fulfilling requirement than any other remedy we know of, and Schuesler has been very enthusiastic over its action as a specific for diphtheria, on this account.

"It certainly is of considerable service in this particular class of cases, I know from experience, and here we will administer Echinacea or Lachesis every three or four hours and give Pot. Chlo., adding ten grains of the 3x. to half glass of water; a teaspoonful every hour, to abridge the extent of the formation of the membrane, lessen its thickness, and render it as little septic as possible." He uses solvent antiseptics, such as lime-water, pepsin, tripain, papyotin and peroxide of hydrogen in a spray. The same author in discussing Antitoxin says: "There is no doubt that the injection of the substance into the circulation is fraught with considerable danger, for numerous cases are on record where it has been employed for prophylaxis in which sudden death was the result." But he says again: "It has been followed by favorable changes. Where death has seemed imminent in a few hours, numerous cases of malignant diphtheria have convalesced within twenty-four hours after the hypodermic use of this agent; the temperature speedily falls,



the membrane rapidly disappears, the symptoms of prostration pass away and though an erythematous rash, with cutaneous irritation may attend, convalescence soon follows. However, it should only be employed in those cases which offer no other hope."

Prof. Mundy, in his work on diseases of children, under the head of treatment for diphtheria, mentions a good many remedies, and gives the specific indications for same, and says: "The advent of antitoxin has revolutionized the treatment of diphtheria. A marked decrease in the mortality of this disease has resulted from its use. Its use does not interfere with any other measures we wish to use, nor should other measures be neglected, even though antitoxin be used."

Prof. Eli Jones, in his "Definite Medication," says that he has been through several epidemics, and always had good results in his cases, was never guilty of poisoning their systems with the filthy horse serum called antitoxin, that has killed and crippled so many of our children. In non-malignant cases he uses *Phytolacca* and *Gelsemium* aa Gtts. XX. Aqua q. s. Oz. IV. Sig. A teaspoonful every hour; and a gargle of *Pulv. Chlorate Pot.*  $\frac{1}{2}$  drachm. *Sul. Zinc* Grs. V. added to a glass of warm water. Sig. Gargle every hour. When the tongue has a yellowish brown coating, *Sulphurous Acid* Drs. II. Water Oz. IV. Sig. A teaspoonful every two hours. In malignant cases he uses *Apis*, *Baptisia* *Eucalyptus*, and when there is great nervous prostration, very foul breath, difficulty in swallowing, throat looks purple and livid, he uses *Lachesis* 6x dilution Gtts. X to half glass of water. Sig. A teaspoonful every two hours.

Prof. Finley Ellingwood, in his "Treatment of Diseases," advocates the use of Antitoxin, especially in bad cases. Here is one of his favorite prescriptions: *Sulphurous Acid* Dil. Drs. II. *Flowers of Sulphur* Drs. I. *Syr. Acacia* and *Simple Syrup* aa I. Oz. M. Sig. Give from one-half to one teaspoonful of this every half-hour, or hour, for the first twenty-four hours to a child above 5 years of age. To a younger child it is well to give the smaller dosage frequently for perhaps three or four hours and then discontinue for two hours to begin again, examining the throat once in from four to six hours, observe the progress of the development of the membrane.

This prescription should be taken without being diluted, and no water should be drunk immediately afterward. It is surprising how rapidly the exudate will disappear under the action of this remedy. With older children he advises the application of a few drops of the *Tr. Chloride of Iron* to the beginning exudate. With infants a spray of *Peroxide of Hydrogen* to keep the parts cleansed. He says a mixture of equal parts of *Sp. Jaborandi* and *Echinacea*, administered in doses of from



V. to VIII. Gtts., will do much toward loosening and assisting in the exfoliation of the exudate. He advocates cleansing the passages of the exudate by the use of the oils of Eucalyptus and Turpentine, suspended in hot water in a steam vaporizer. He uses other remedies, such as Sp. Aconite, Phytolacca, Rhus Tox, Baptisia, Belladonna, Cactus, etc., giving the specific indications for them.

The late researches and reports of Drs. Jentzsch and Ellingwood of the good results they obtained from the use of "Subculoyd Lobelia" in the treatment of diphtheria, has forced me to believe that it will soon put the "horse juice" antitoxin out of commission, with all those who are not so prejudiced that they would rather let their patient die than to use the better, and non-toxic remedy. I believe that "Subculoyd Lobelia," and Dr. Ellingwood's Sulphurous Acid prescription, together with any other indicated remedy or remedies, would be an ideal and safe treatment for diphtheria.

#### SCIENTIFIC MEDICINE AND SYMPTOMATOLOGY.

H. C. Smith, M.D., Los Angeles, Cal.

(Read before the Los Angeles County Eclectic Medical Society.)

The following extracts from an excellent article in the department of Therapeutics of the J.A.M.A., September 30, 1911, pages 1133 and 1134, have already been commented upon, editorially, by the California Eclectic Medical Journal, but I believe will bear further comment.

"Therapeutics in its broadest sense is the ultimate aim of the science and practice of medicine. It includes not only drug therapy, to which its definition is so often erroneously limited, but also everything that has to do with the treatment of the disease, the management of the patient, of his convalescence, of his permanent return to health, and of the prevention of disease attacking the well. In other words, it is the practical application of all the knowledge acquired by study, research and practice to the understanding and treatment of disease.

"That it is utterly unimportant to the patient what name the physician gives his disease, or condition, is self-evident. He comes to be cured, or at least to have his troublesome symptoms ameliorated, and while a diagnosis is positively essential for perfect therapy, fortunately or unfortunately, it is not always necessary for an amelioration of his symptoms or even, sometimes, for his cure. Consequently, many times the patient is as successfully treated, from his point of view, by a quack or an ignorant practitioner as he is by a scientific physician. It is also unfortunately true that many a scientific physician, owing to his medical training and to some of the best text-books on



the practice of medicine, delays the amelioration of the patient's symptoms until slow laboratory processes have made a definite, positive diagnosis.

"Such diagnosis having been made, he is content to treat the cause of the condition, forgetting even the pain the patient is suffering and thus his patient is often driven to quackery, or dogmas, or 'patent medicines,' and often improves from such treatment.

"It should be taught not only in the therapeutic departments, but in the internal medicine departments of every medical school, and no text-book on practice should be considered complete unless it teaches that the uncomfortable, disagreeable and non-eliminative symptoms of a disease must be attended to and therapeutically managed while the disease itself is being scientifically combatted.

"Every clinician well knows that it is the consultant only who can ignore the treatment of troublesome symptoms. All successful quackeries succeed because of their ability to relieve symptoms or to cause such mental suggestion as will relieve the overtaxed minds, and many a loyal patient is driven to employ quackery by scientific neglect.

"As scientific practitioners are just passing out of the age of drug nihilism and a belief that because a disease cannot be cured by specifics the patient should receive no treatment, we find the necessity for a better understanding of pharmacology. Just as a mental therapist will be cured of absurd prognoses and beliefs by the study of pathology, so does a thorough knowledge of the pharmacologic action of drugs prevent a doubt of their efficiency. Hence it is absolutely necessary for every medical school to furnish laboratory pharmacologic instruction. The medical graduate after such a course will demand pure, active drugs, and will use them rationally. It is time to repudiate the assertion that Nature is a good physician or a good surgeon.

"It is just as futile and just as absurd not to aid in combating an acute or chronic disease with the proper drugs, all correct physical and hygienic methods having been instituted, as it is to allow pus to burrow and cause serious consequences, instead of properly evacuating it. It is just as absurd to declare that pneumonia and typhoid fever need no medication as it would be to declare that diphtheria needs no antitoxin and no antiseptic gargles."

The author of this article has much to say of quacks, and quackery. If a quack "is a pretender to medical skill" (Gould); and the regular, scientific physician who is paid to alleviate suffering and cure the disease fails to do so; but the



"irregular practitioner" to whom the patient has drifted for relief does perform a cure, who is the pretender and quack?

This article is presumably an editorial, as there is no name signed to it, and this department, so far as I am able to discover, has no other man assigned to it. The editor of the J.A.M.A. is "reformed" irregular, and having "reformed" through the agency of a six or eight-months' course in a "regular" college, being most of the time at a distance of over five hundred miles from said college, he shudders to think of the vast number of "quacks" and "ignorant practitioners" who have not "gone and done likewise" and thus become "educated, scientific physicians."

He now calls attention to the fact that "scientific practitioners are just passing out of the age of drug nihilism," thus tacitly admitting that regular medicine has not kept alive a belief in drug therapy, and also tacitly admitting that "regular" medicine was ignorant in that respect, if it is true that "a thorough knowledge of the pharmacologic action of drugs, prevents a doubt of their efficiency." Otherwise there would never have been any doubt in their minds, consequently, no "drug nihilism." But does that render them any less tolerant of the school which has kept alive the knowledge of drug therapy? Not in the least. While the "scientific physician, owing to his training" is "forgetting even the pain the patient is suffering," no other physician, be he quack, or what not, must presume to step forward and relieve that pain, under penalty of incurring the everlasting enmity of "scientific" medical men.

But this author, having been born, medically speaking, amid an avalanche of symptoms, having renounced his medical birthright, and renounced Homeopathy, now goes to the opposite extreme, and seems to regard the various symptoms that arise during a disease, as something foreign and apart from the cause and cure of that disease; and to consider them principally as unnecessary adjuncts to it that worry the patient, and obstruct the already arduous process of establishing a diagnosis, discovering the causative factor, and naming the disease, all so necessary to the scientific physician before he can treat the case in hand.

Eclectics having put themselves without the pale of professional respectability by presuming to relieve the distressing symptoms and curing their patients, during this "age of drug nihilism" in scientific medicine, without waiting to ask their kind permission, have some ideas all their own in regard to this matter, and will continue to practice and teach these ideas until our school is rendered "hors de combat," which rendering has



been promised to the local college in short order, by some of our worthy brothers of the dominant school here in the city.

Eclectics, too, believe that "diagnosis is positively essential for a perfect therapy," that "diagnosis in medicine" is the art and science of observing and discriminatingly interpreting the phenomena of disease" (Cohen and Eshner) and that these phenomena are manifested as signs and symptoms, which we comprehend under the general term Symptomatology.

We believe in Specific Diagnosis and Specific Medication.

We may not know whether atony of the nervous system of a patient, evidenced by a lack of expression in the eye, face, movements of the body, slowness of thought, speech and pulse, subnormal or erratic temperature, coldness of extremities and body surface generally, dryness and harshness of skin and hair, is due to insufficient action of the posterior lobe of the Pituitary body and from lack of proper food, or from the excessive drain of work and insufficient rest; but while we are endeavoring to find the cause, we shall have given the patient proper food, required a proper amount of rest and administered some form of Phosphorus, as indicated.

In the recent Poliomyelitis epidemic in this city I saw two cases, wherein the diagnosis was rendered extremely doubtful, as I firmly believe, by Eclectic treatment. In both cases the initial symptoms of the type affecting the anterior horn of the cord were marked. Both cases received Gelsemium in appreciable doses from the beginning of the disease and neither case developed paralysis.

Considering the marked sedative effect of Gelsemium upon the spinal cord, and especially upon the anterior coruna, what more rational scientific, or to be expected?

### **THE PRESENT THERAPEUSIS, DIAGNOSIS AND PROGNOSIS VERSUS ECLECTIC PRACTICE AND METHODS.**

**H. Vandre, M.D., San Francisco, California.**

(Read before the California Eclectic Medical Society.)

It is as unreasonable as it is impracticable and foolish to be ultra-scientific. Besides our sciences as well as our theories are not all perfect. Therefore let us be more careful that we are not drawn into this medical vortex and lost. It is safer to keep out of its destructive path. In therapeutics of late we have been restless and flying to extremes. Materia medica, the most precious gift of ages to medicine, has suddenly been thrown to the winds and supplanted by an infinitive list of laboratory and test tube products.



The synthetics or coal tar derivatives, the coloids, the serums, vaccines and other biologics are mostly as yet in their experimental and tentative stage and are found wanting. The pendulum is beginning to swing the other way towards conservatism once more. Diagnosing and Prognosing—One simply able to give the diagnosis and prognosis of disease nowadays may be considered scientific, but far more important is the cure and relief of diseased conditions than all this scientific pabulum to impress the patient or relatives, but the intelligent public is fast catching on. We are surpassing them and making all this scientific pabulum of secondary importance as we are presently exemplifying and proving clinically in daily Eclectic practice by gentler means and gentler treatment with greater results.

Eclecticism presently will constitute the school of American practice and surgery. I prophesy this system will be universal. As Eclectics we have kept on in an even tenor of our way (*media tutissimus est*) as we were warranted to do by the results. We have studied along the lines of natural selection—the cellular and organic selection for certain drugs as exemplified and clinically demonstrated at the bedside with well-selected drugs having specific action and properties upon the various cells, organs and glands of the human anatomy—which cannot be denied. Shall we continue to help the little cells along or shall we destroy them?

To us has been intrusted this task of selection and preservation—to us has been handed this obligation and trust by the Eclectic fathers in the name of humanity.



# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Polyclinic.

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## FRUIT DIET.

The present period of the world's history may be described as the "Diet Era." To the visitor from Mars it would seem that about every third man he met is "on a diet." Truly a remarkable state of affairs, which becomes quite astonishing when it is learned that not only do no two of them agree upon what constitutes a fit and proper diet, but each insists that there is but one diet, and that he is the personal possessor of that one. There is a time-worn and much-abused adage to the effect that "What is one man's food is another man's poison," but if we may judge from their actions and words, very few people really believe it.

With one accord, writers from both the profession and laity, lay down rules which they proclaim as laws fit to govern the diet of humanity the wide world over. Apparently many of them have never suspected that a building that would make a suitable house in France would not necessarily be desirable or even possible in Japan. The same suggestion may be made in regard to literature, arts, transportation, clothing, diet—in fact, anything pertaining to the comfort or development of the respective peoples. All of which being obviously true, to attempt to lay down laws of more than local application is but to advertise one's ignorance.



For several years current medical and lay literature has been filled with stirring appeals by advocates of "nature diet." Just what is meant by the term is not at all clear, neither is it likely to become so as long as it is a question of big I and little you. Each man acclaims himself as the savior of the stomach of mankind, and in so doing makes such a noise that it is difficult to even suggest that if man did not guide and assist nature, the food supply of the world would not suffice for more than a fraction of one per cent of the present population. Personally, we are a great lover of nature, but not necessarily a nature worshiper.

As a direct result of this nature fetish we have a cult, the members of which advocate the "fruit diet"—and the consistent ones take it raw—the argument being that nature has here provided certain organic chemical compounds which are necessary to properly nourish the body, etc., etc. Just what specific compounds are meant and in what specific manner they are necessary we have yet to read.

One of the signs of a health faddist is that he believes that his particular reform is necessary to keep the people from being swept off the face of the earth. He seems unable to comprehend that the people have become used to the ways of this old world and that their numbers have been steadily increasing since the beginning of recorded time.

Fruit as an article of diet is quite a modern invention and its use is limited very largely to Americans. Europeans eat it very sparingly, and Orientals practically not at all, and yet they live and grow; of course, not as well as we do, but still their bodies appear to be well nourished, and they live as long as we do.

Therefore, having determined that fruit is not a necessity, the query arises: "Is it generally desirable?" A question which can be answered only with reference to a particular locality, and then only in so far as to advise what is best for the majority of its inhabitants. It is utterly absurd for a person living in Maine to undertake to settle this question for a person living in Florida; or one living in Colorado for one living in Ohio. Even in so circumscribed a section as Southern California the differences in this respect are so marked that in some localities fruit can be eaten freely, while in other and nearby localities to do so would surely be followed by sickness. And when we add to these peculiarities of locality those of personal idiosyncrasy, we begin to comprehend that in so far as fruit is concerned, "what is one man's food is another man's poison." Nevertheless, it is a fact that the majority of the people of this



particular locality eat too much fruit, and thereby produce that complex derangement of metabolism known as acidosis. Also we have personal knowledge of other localities where this is also true. Such being the case, we may assume that the fruit diet has decided limitations, and nowhere should be eaten without care and discrimination.

### **SOCIETY CALENDAR.**

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; Dr. W. J. Lawrence, Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. B. R. Hubbard, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

### **LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.**

The regular monthly meeting of the Los Angeles County Eclectic Medical Society was held on October 1, 1912, at 8:00 p. m. at the College.

Minutes of previous meeting were read and approved.

Dr. H. C. Smith read the paper of the evening, entitled, "Scientific Medicine and Symptomatology." Drs. Munk, Scudder and Hubbard took part in the discussion and Dr. Smith made some closing remarks.

Dr. Clutcher was present as a guest and read a paper, which was much enjoyed by those present.

At the next meeting, which will be held on November 5, Dr. O. C. Welbourn will read a paper, and as an innovation, it was decided to serve refreshments at the close of the meeting.

Adjournment.

B. R. HUBBARD, Pres.

H. FORD SCUDDER, Sec. Pro. Tem.



## LARVICIDES IN ACTION.

### The Best Methods of Destruction.

By Surgeon-Captain Frederick F. McCabe, M.D.

In bringing the results of some recent experiments of mine on the action of Larvicides, both in laboratory and field work, before the Asiatic Society I am fully sensible of the vast importance of the subject to India and to mankind generally and I am most anxious that you should criticise freely that very important conclusions at which I have arrived, the justness of which I hope to convince you tonight both by what I shall say to you and what I shall show to you. I have not yet been very long in the East and an object of my visit to it was to make these very investigations which have occupied most of my time and nearly all of my thoughts during the past eight months.

### Failure of Kerosene Oil.

That the present position of the attempt to reduce the numbers of mosquitoes—disease carrying and otherwise—is in a thoroughly unsatisfactory condition. I think you will agree when I tell you that I intend to prove to you that the usual “first line” in the armamentarium of the ordinary Mosquito Brigade in this country, the oiling of pools with kerosene oil, is in nine cases out of ten quite a useless proceeding, as far as the actual killing of any considerable number of larvae is concerned, but further that by killing one of our important allies, the *Linnoea Stagnalis* or common fresh water snail, which feeds upon mosquito eggs, we have the very interesting position developed in our first round with the enemy of the Brigadier-General actually “shelling” and at once killing with his oil his own infantry who are unable to take to cover, while the Mosquito larvae at which he is aiming immediately take cover by moving their position as soon as ever they meet with the first sign of oil on the end of their siphons, or breathing openings.

Let me demonstrate exactly what I mean. Look at jar No. 1. This jar contains many mosquito larvae still alive and kicking freely. It has been covered with oil for the past four days. There is enough oil to cover a pool of many square yards, but I have railed off a small corner with a piece of floating wood. The larvae at once find this out and go over there for air, and no matter how closely you may look you will find few if any of them dead. But the jar also contains some specimens of our friendly little water snails. Every one of these is dead.

They, as those of you who are at all Naturalists know, have also to come up for air. In warm countries such as this they are never done coming up. They let themselves up on a string of mucus from the bottom and fill their pulmonary cavity with



air. The slightest sign of any oil is death to them. I have even tried taking them out and putting them at once in clean running waters. No power can save one of these creatures if you have let a drop of paraffin enter his side. On the other hand, you can keep mosquito larvae in a jar completely covered and you may find more than half of them alive after three or four days. Some varieties of **Culex** I have found extraordinarily resistant, although on the other hand larg-sized **Anopheles** die very quickly if the surface is completely covered. Small ones live long and the wind soon clears a space like my piece of wood. I have actually seen this occur, time after time.

### The Water Snail.

Well, but some of you may argue, what about these water snails? What reason have you for wishing to preserve these? Are they not vegetable feeders? So, they are described in the books, but in my laboratory I have seen them eat mosquito eggs which I have placed there for them. I have seen them crowd round and tear a large cockroach to pieces and eat it and while the ordinary Natural History Book refers to these creatures as strictly herbivorous I can quote Mr. A. H. Cooke in his statement that he has seen this same **Linnoea Stagnalis** overpower and partially devour a specimen of the common shrickleback. I have noted, too, in the field that where there are many **Linnoea Stagnalis** in a pond there are few or no mosquito larvae to be found. I think then that I have said enough to show you that you ought not to destroy these creatures unless in so doing you are sure that you also destroy the mosquito larvae, which, as I have shown in the case of paraffin oil, you do not do. At the same time it is but right to add that while I have kept and bred **Linnoea Stagnalis** and other water snails for the purpose of using them as larvicides, or rather egg destroyers, I have found their appetites to be fickle and very often in captivity they will not eat eggs or get tired of the diet. Their powers of increase are prodigious. Each specimen is male and female at the same time and the results of the union of the two is that the **burra** partner produces between 200 and 300 eggs, while the **chota** one only produces about 150. There is no sexual question to be settled between those creatures. I show you in jar No. II a happy family of them, and with the remark that there can be no possible harm in adding a few of them to overflow-tanks or other water which you desire to retain near your house, I pass from these creatures, which, after all, can only be used as Cossack Posts'' on the flanks of our main line of attack on the Mosquito. To get them to breed you should add a lump of fat to the algae which the water they are contained in will soon supply them. This fat you will presently see them tear to



pieces, and it seems to act as an "opsonin," as when full of fat as a rule they search for and eagerly devour mosquito eggs.

### **Why Mosquito Brigades Do Good.**

You will grant me then at least for the sake of argument and you can all look at my demonstration and repeat the experiment for yourselves—that the pouring of oil on the larvae-troubled water is not all that it has been represented to be—is in fact a failure; what have I to say to the undoubted fact that where mosquito brigades have been at work and have persevered in their work for any length of time the number of mosquitoes are undoubtedly reduced and with them and as a result of the mosquito brigade work numbers of cases of fever have also diminished. To that I reply that while I do not deny that the oiling of pools kills some mosquitoes, I am convinced that the good work done by mosquito brigades is almost confined to the work they do when they tidy, fill up and drain mosquito pools.

### **Water Tidiness.**

Here let me tell you of some out-door work of mine. I was fortunate enough shortly after my arrival here on my mosquito killing hunt to secure from Messrs. Bird & Co., an appointment which really meant a medical and sanitary advisorship to their jute mills. Now I have so much in the way of new methods of attack to bring under your notice tonight that I do not want to delay over this part of the campaign; so I shall only say that I found in six cases out of seven that these mills were models of up-to-date sanitation and the health of the European employees was all that a medical officer paid to prevent rather than to cure sickness could desire, but the seventh case, which as it happened was the very first mill I visited, gave the preventive medicine enthusiast all that he could wish for. Every one had malaria there and the whole place, even at that time of year, was full of mosquitoes, anopheles, and culex of every variety. This is the Landsdowne Mill, close to the Salt Lakes, and in my first walk round the coolie lines, I am certain that I destroyed thousands of larvae by emptying old buckets, chatties, ordering the filling up of small pools. We afterwards almost got rid of the Mosquitoes from this mill altogether by the adoption of the methods I am about to tell you, but I want to impress upon you that no matter what elaborate plan of campaign you adopt you will fail altogether unless you begin at the beginning. And the beginning is, and here my first line of attack has been the same as in the "second line" of the mosquito brigade—i. e., **water tidiness for at least half a mile round your center** and your center is in all cases the dwelling place of the human be-



ing you want to protect from the mosquito. Now with that made clear, which explains, I think, fully any success mosquito brigades have so far had, I return to my experiments and their practical results.

### A Trial with Disinfectants.

As I told you my first experiments were with oil, and here I was, as you have seen, doomed to a serious disappointment—a disappointment which I may confess was all the more grievous to me because in my series of lectures on Tropical Diseases delivered as long ago as 1906, first at the request of General M. F. Remington, now Inspector-General of Cavalry in India, to the cavalry brigade he then commanded and afterwards repeated to the officers of the Staff College at Camberly, I had said, quoting the medical opinion of the day, that “kerosene oil at once killed the larvae” and I came out rather with the idea “why do you people of India put up with this pest and this appalling waste of health and life if the remedy is so easy?” Great then was my disappointment when I found these “wigglers,” as American writers are so fond of calling them, refused to die. But the “wigglers” had greater surprises in store for me. “If paraffin would not smother them then disinfectants must kill,” I thought. I then started on the series of experiments which, as it happened, Sir A. Ross and E. S. Edie were engaged upon at the very same time. They used *Culex Pipiens* for their experiments while I used anopheles and culex larvae of every sort and kind, even bringing specimens, which I was unable to identify, from Benares and Delhi. To these, arranged in a long series of chatties, I added solutions made from the salts of all the metals in the least likely to act as larvicides without being too poisonous to be safe to recommend for public use, if found to be successful. The likely salts of mercury, potassium, sodium, calcium were all tried in turn. I went to the vegetable kingdom and tried the salts of quinine, the oil of eucalyptus and even the element iodine and its salts were tried. In any strength which it would be practicable to use in the field of larvae continued to kick their way to the surface as if nothing had happened to their water supply! I must say that I was absolutely astonished to see larvae kicking about gaily in water which on examination under the microscope had proved to be absolutely free of any other living thing. For instance, a solution containing mercuric chloride 1 in 10,000 did no harm to culex larvae except that after a few days the bigger larvae showed a tendency to eat the little ones. This tendency was more marked when the larvicide tried was Calcium Hypochlorite and continued experiment with this salt led me to a result



which I think you will regard as successful. But before I pass on to tell you about this I should like to say just one word about Sir N. Ross' and Dr. Edie's experiments. I did not try the salt which they, as the result of their experiments, recommend the use of. That is Potassium Cyanide. I passed it in review as being likely to succeed if one dare risk its use. But I dare not risk it. These experimentors, however, found that this salt, in the extremely diluted solution of 1 in 300,000, killed their culex larvae all off within 18 hours. In all my experiments the Culex stood far more bad treatment than the Anopheles, so that strength would be sure to kill Anopheles too. But what does it mean in actual field work? Simply this, 3 grains of the deadly poison Cyanide of Potassium added to about 12 gallons of water on a small bath full of water would kill larvae and, of course, every other living thing in water, too. The author of a recently published paper says: "Its use can be restricted to stagnant water, which is not used for drinking purposes." Well, I think I am long enough in India and have seen enough of the natives' habits to know that this is a more than dangerous distinction and the publication of such a recommendation which I do not believe any one will have the courage to adopt, even with such a name as Ross to back it up, only showed me how great was the need of fresh guidance for the Mosquito Brigades, which I hope your discussion tonight will in part supply.

#### **A New Larvicide.**

To return, then, to my own experiments: Chloride of lime did not kill larvae in any reasonable strength of solution. They seemed to thrive in it and sometimes to eat each other. But when I made a paste by wetting chloride of lime with common paraffin oil, I found that certainly in the laboratory and in the field as far as one could see there is no "taking cover" from this preparation. Once larvae have stuck their tail ends or siphons through oil containing chloride of lime they are apparently thrown into a state of terrible agony. From then they wiggle twice as quickly and come up shortly in the oil-covered places again only to descend apparently tied in a knot while they try to bite off their own tails! They do not live many hours when this begins. Jar No. III will show you the result of a dose given them today. Beside me is a jar of the paste. Now you will at once observe that this addition to the water must also kill fishes, water snails and every other living thing in the water and that I am, after all, "shelling" my own infantry, as I objected to already. I reply, "Yes, that is true; but in this case I **do** kill the enemy. I objected to your paraffin, or kero-



sene, because it killed your friends and not your enemy. With my preparation (and I cannot see that it has been recommended elsewhere in this shape) I deliberately, on occasion, decide to sacrifice my own allies, the fishes and the water snails, in order to make sure of the enemy. But I do not use nor advise the use of this preparation except in the case of badly made drains. I found at the Lansdowne Mill badly laid parts of these simply swarming with anopheles larvae—but I defy anyone to find any there now—I also advise it for pools that are just too big to drain or fill up, but which contain neither small fishes or water snails, and I advise it to be put into the traps of drains, the corners of shoots and other places **where our allies are not usually to be found**. I have already used gallons of paraffin and tons of chloride of lime, but I do not think I have killed many water snails or fish. I claim for this preparation also the advantage that the female mosquito simply hates the smell of it and won't lay her eggs where it is. She goes off to seek pastures new and to this fact I attribute some of the success which the staff of the Lansdowne Mill are kind enough to give me when they tell me that "since I came the mosquitoes left."

#### **More Experiments.**

But I was and still am dissatisfied with this larvicide, not because of its limitations, inasmuch as it kills friends as well as foes. Under no circumstances would I agree, for instance, to add this preparation to my waters containing fish, and while fish are our best allies in this fight, they do not altogether prevent the mosquito from breeding in the waters they inhabit. I have seen round the border of tanks which undoubtedly contain fish both larvae and Pupa of *Culex* mosquitoes. This was specially the case where the borders of the tanks were overgrown with grass and weeds, and here the sweeping of these borders with a brush which had been dipped in my paste—the way I always have it applied—will, if repeated a few times per week undoubtedly help to clear the tank of larvae without injuring any of the fish, which clear off into the middle at the first sign of this larvicide. But it kills first our little egg-eating friends who curl up at once in presence of even a trace of chloride of lime, and it either kills at once or drives off any other little allies in the shape of water-boatmen and the larvae and full-grown water-beetle, tadpoles, which are great mosquito egg and small larvae feeders, just as frogs and bats are all their lives mosquito eaters, the larvae of dragon flies, all of which are greedy feeders upon mosquito larvae. For this reason I continued my experiments in another line. I argued that it was hopeless to poison the whole water supply. That as mosquito



larvae are the toughest living things in it they are bound to be the last to die, and formed the opinion that no chemical that had to divide itself up over the whole water supply was ever likely to be found efficient in practice. What about poisoning the food supply or cutting it off? In the laboratory this last was easy enough to do. But apparently it had little effect except to inhibit the growth of the creatures and cause the production of mosquitoes smaller than normal. In some cases it caused fierce fights, ending in cannibalism, and in one case, where I put five grains of quinine sulph. into three pints of water, I had the satisfaction of seeing the old story of "Ten little nigger boys" enacted before my eyes. Twenty *Culex* larvae set to eat each other and every time I looked at them there was one less till at last there was only one. I failed, however, to get other lots to repeat the experiment, and to this day I am at a loss to suggest what started the cannibalistic mania in that particular preparation. You will find, however, that with the chloride of lime treatment and with the electric treatment of which I am about to speak next that larvae will eat an injured comrade if the one who has been injured is placed amongst sound ones. But to return for the moment to the food-poisoning theory. I tried first the destruction of their food by means of disinfectants. These creatures by the way feed on everything that is smaller than they, both animal and vegetable. The anopheles, as you know, are surface feeders, and if you examine the water from the surface, where they appear to be feeding, you will find it full of microscopic animalculae. You can kill all these, but the larvae will still kick along gaily. Cutting off their natural food supply, therefore, is not practical. Can we give them poisoned food and get them to eat it? I spent a long time at this, and although I have not succeeded, I consider the results are of sufficient interest to be worth relating, and success may follow further experiments in the same line, perhaps, in other hands. The first thing to find was a medium in which to give the poison and then to find a poison which was at once insoluble in water, tasteless and so small in quantity as to be unlikely to injure the human being if misuse was made of the larvae poison. *Culex* larvae eat boiled rice greedily if they are hungry, and all larvae eat fat which can be arranged to sink for the *culex* and float for the anopheles, and I soon had a very striking result. I gave a lump of ordinary fat and lanoline to about 50 *culex* larvae and all were dead in the morning. A **post mortem** dissection showed obstruction of the intestine which was blocked with fat. This raised my hopes greatly, for at home in trying an experiment with an exactly opposite intention in the feeding of the red marrow of



bones with the idea of producing a race of bigger and better nourished frogs, I always succeeded in killing my tadpoles, who died of obstruction with their insides blocked with fat which they were utterly unable to digest. But the next lot of mosquito larvae only nibbled at the fat, so the next and the next, no matter in what shape I gave it to them, and although I am still struggling to find the "opsonin" which was in that particular lump of fat and lanoline, I have not yet succeeded, and as to the struggle for a suitable poison, I gave this up. Arsenic and amorphous phosphorus seemed the most likely, but here we had to face the fact that in my experiments, friends such as I have mentioned above were all more eager feeders than were our foes, the mosquito larvae. An organic substance may yet be found which will act in the desired way. This then brings me to the last of my completed experiments.

#### **Electrocution.**

During all these months I was rearing up an ever-growing family of mosquitoes, and apart from my chloride of lime and paraffin mixture I was constantly in trouble to kill them off as soon as they grew up and were about to get wings. I disliked using the chloride of lime in my chatties, because no matter how carefully I washed them out, mosquitoes would not again lay eggs in them. Therefore, my troubles to kill, and my search for a new way of doing it were ever recurring and never ending. It was then that the suggestion was made, "Why not electrocute them?" My brother, Mr. W. B. M. Cabe made the suggestion and we immediately went off and bought electric coils, and set the dynamo to work, and of course, being dealing with mosquito larvae—perhaps the toughest things in their way Providence has made—we met with surprising results; a high frequency current giving sparks of four inches discharged in the water containing these larvae only seemed to make them a little bit unsettled. But with a low tension current at 220 volts, some of them at once died and others after a few kicks lay quiet. An examination showed that their head and tail ends were badly burned, and all these died in the night. One of them put amongst uninjured larvae was at once attacked and eaten. I suppose the smell of roast larvae was irresistible to his brothers and sisters.

The objection to the process is that like the chloride of lime it kills every other living thing that comes in the line of the discharge, while unlike the former, it does not frighten off the female mosquito, nor does it render the eggs sterile as does, I believe, the slightest trace of chloride of lime. But an instrument could very easily be designed which would sweep the side



of all larvae containing tanks and pools and kill all that came within its radius. It is for you to say if you think we ought to go on with this design. Would public bodies use it? Its use while it would certainly kill the larvae would be free from the objection which the appearance of small quantities of chloride of lime gives to the edge of the pools and tanks treated by it. It could be very easily worked, and I have seen places outside Calcutta, in Howrah, in and all round Delhi and in other parts of India, where the sweeping of this electric trident every week for the next year or two would kill larvae by millions, and I am sure make a big difference in the "vital statistics" within a few months of their being put into use. So much, then, for the experiments actually completed in laboratory and field.

### Conclusions.

I trust, however, that you will have observed that in presuming to bring the results of these experiments before you and asking you for your opinion upon them I have not claimed to have yet found a solution of the difficulty I set out to solve, that is by any means final, or altogether satisfactory. But I do respectfully suggest that with the present means of attack at our command, the war with mosquitoes cannot be better carried on than on the lines I have suggested in this paper which summarized are:

1st. The insistence upon "water tidiness" and the necessity of trying to get the native to develop this sense; by no means an impossible task in my opinion.

2nd. The use of chloride of lime and paraffin, or electricity, in all suitable places.

3rd. The intelligent use of our allies, and to summarize these you may take it that in the world of waters everything bigger eats everything smaller.

In water there is no such thing as peace, everything that lives fights against greater foes that eat them up at one bite, or lesser foes that get inside them and live inside as parasites, of which the water world inhabitants are never free. And, indeed, with us, although we are apt to forget it amongst the comforts of civilization, the condition of continued existence is endless and unceasing fight. In my opinion you dwellers of the East have too softly submitted to the partial victory of the mosquito. To wander about India and in these wanderings you need not go far from Calcutta, one would be forced to think that the role of the mosquito had not yet been discovered.

### Yellow Fever.

I do not like to be a prophet of evil, but I cannot close a paper like this without calling your attention to the fact that



the *Stegomyia fasciata* is extremely common in India. Yellow fever has never yet been brought to Asia. In a year or two the Panama Canal will be open and will bring places where this fever is endemic within about twenty days' sail of your ports and the whole of these twenty days will be spent in the tropics.

It is only a question of time for some ship to bring an infected specimen of the stegomyia—who lives in the infective stage for sixty-two days—into Asia. An unrecognized case or two (occurring in a native, what are the chances of a case being seen by an intelligent doctor and recognized in time) would with these carriers everywhere start an epidemic, the death roll from which would appall the human race. Judging from what has happened in South Sea Islands, when a new disease is introduced from which the inhabitants have never before been subject to, I should not be surprised if yellow fever yet left India, or other part of Asia an uninhabited wilderness! The *Stegomyia* today is in millions in your palaces as well as your bustees. She bites by day as well as by night. Once introduce infection and nobody will be safe. No precaution will then be of much avail.—Indian Medical Record.

### COLLEGE NOTES.

Herbert T. Cox.

The opening of the thirty-fourth session of the C.E.M.C. was held September 16th. There was a good attendance of students and professors and a very enthusiastic gathering it proved to be, indeed. Dean Munk made his report on some changes which had been made and outlined the program and purposes for the ensuing term. Professor Welbourn told of his troubles while acting Dean in the absence of Dr. Munk during a portion of the summer. It was reported that some twenty prospective students had been turned away on account of deficient preliminaries. But we hope they will all make up their deficiencies before another year and be ready to join us.

Professor Baird, in encomiastic language, referred to the grand old principles of Eclecticism which the students had the privilege of mastering in this College. Also of the great value they would be to us as practitioners in the field; he told us that the faculty was an enthusiastic and self-sacrificing one and urged the students to dig. Dr. Cook from St. Joseph, Mo., was called upon for a few remarks. He stated the great necessity for the student in his education for a successful practitioner, to be developed in three lines, namely the mental, the physical and last, but not least, the moral element. Professor Bailey, who is a new member of the faculty here, but who was one of the



stand-ups in the faculty at San Francisco, gave a complete but rapid review of the history of the college. He spoke of the vain efforts of the faculty to reorganize there after the fire and of the great loss they felt.

We are sorry that Mr. C. L. Stammers is not able to be with us this winter, but he intends to return next year and be with the bunch and make up for lost time.

The Senior class held their annual election of officers and elected the following: President, T. C. Young; Vice-President, H. T. Cox; Secretary-Treasurer, A. Goff.

The clinic room has been put into good shape and stock of drugs fully replenished for the term's work. The details will be in charge of the Seniors, who have organized similar to the manner of last year's class. The attendance at the clinics is increasing and there is promise of much good material during the year.

A letter has been received from Professor Barbrick at Edinburgh University, in which he states that he is enjoying his work very much. He says that the projectoscope is used in all of the lectures, and in some of the lectures the work depends entirely upon the illustrations thrown through the scope. Anatomy is reviewed and drilled into the students at practically all of the lectures for four years. In surgery they do not equal us in asepsis, but pay more attention to anatomy, and detail in their work to prevent future complications. In the laboratory subjects he finds them systematically covering the work but doing very little research work. All professors are methodical and demand regular and punctual attendance, the door being locked five minutes after the lecture hour. He states that many of our teachers are just as thorough and capable in the scientific branches as those in Scotland.

#### NEWS ITEMS.

Mrs. Dr. G. G. Gere of San Francisco returned home recently after a brief visit with friends in Los Angeles.

Dr. Lewis P. Crutcher, Vice-President of the National League for Medical Freedom, was present at the last meeting of the Los Angeles County Eclectic Medical Society and gave an interesting talk about the good work done by the league.

After frequent reminders by the President that refreshments served at our monthly meetings might increase the attendance, the ladies who were present at the last meeting volunteered their services and promised to furnish light refreshments at the November meeting, so let every member please take notice and be there.



Dr. F. M. Neville, Eye and Ear Specialist of Montrose, Colorado, who is visiting friends at Whittier, Cal., made the College a friendly call recently.

The use of tuberculine in the treatment of tuberculosis has been discontinued in the government sanatorium at Fort Stanton, New Mexico. After giving it a thorough trial it was the unanimous conclusion of the officers who did the work that no benefit was observed from the use of either of the two kinds of tuberculine employed.

Dr. Clinton Roath was so unfortunate as to have his automobile stolen last month, but the machine was recovered in a few days by the police, after the joy-riders had abandoned it. After a short stay in the repair shop, the machine was as good as new.

DIED—Dr. Thomas Spaulding, formerly of Terre Haute, Indiana, passed away in the city on September 29, after a lingering illness. He leaves a widow and two daughters, to whom the Journal extends sympathy.

Dr. H. Ford Scudder, of Redlands, made his usual weekly visits to the College to lecture during the past month.

Mrs. Dr. Finley Ellingwood, of Chicago, has been visiting her two sons who live in Pasadena. On one of her trips to the city she called at the College, and her visit was greatly appreciated.

Professor John Uri Lloyd, of Cincinnati, was a member of Governor Harmon's staff on his recent tour to the Pacific Coast to choose a site for an Ohio building at the Panama-Pacific Exposition at San Francisco in 1915. On his return trip he made a short stop in Los Angeles, but promised to come again soon and stay longer.

The Pacific Coast may expect to see Prof. Lloyd more frequently during the next three or four years, as he has been appointed one of the commissioners to represent Ohio at the Panama Exposition.



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